## Munda Co-CALIFORNIA FORM 700

## STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only
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Please type or parting the.	7K-1 PM 1:48 Pu	blic Document	
NAME (LAST)	(FIRST)	(M/DDLE)	DAYTIME TELEPHONE NUMBER
SCOFIELD	ED	C.	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE	OPTIONAL: E-MAIL ADDRESS
And the short of t			The second secon
1. Office, Agency, or Cour	· · · · · · · · · · · · · · · · · · ·	4. Schedule Summa	
Name of Office, Agency, or Court:		➤ Total number of pages	_
BOARD OF SUPERVISORS		including this cover pa	
Division, Board, District, if applicable	e:	► Check applicable sched	iules or "No tenortable
DISTRICT II		Interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules:	
COUNTY SUPERVISOR			
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Schedule A-1  Yes – schedule attached Investments (Less than 10% Ownership)	
Agency: SEE ATTACHED LIST.		Schedule A-2 Sched	
Position:	The second secon	Schedule B	schedule attached
2. Jurisdiction of Office (Check at least one box)		1	schedule attached Positions (Income Other Ihan Gifts
☐ State  ☑ County of NEVADA		Schedule D	schedule attached
☐ City of		Schedule E	schedule attached
Other	1	-0	r-
		No reportable interests	s on any schedule
3. Type of Statement (Chec	k at least one box)		
☐ Assuming Office/Initial Date	e:	5, Verification	
Annual: The period covered is through December 31, 2009.	January 1, 2009,	I have used all reasonab	le diligence in preparing this
-or-	WA**		this statement and to the best tion contained herein and in any
O The period covered is/_ December 31, 2009,	/, through	attached schedules is true a	,
Leaving Office Date Left://(Check one)		of California that the foreg	jury under the laws of the State going is true and correct.
O The period covered is January date of leaving office.	y 1, 2009, through the	Date Signed 2/10	/ 10
O The period covered is/_ the date of leaving office.	/, through	Signature	is a section of the s
Candidate Election Year:			

Ed Scofield Statement of Economic Interests Expanded Statement 2009

Agency:	Position:	
High Sierra Resource Conservation & Development Council	Alternate	El Dorado, Nevada, Sierra, Placer & Yuba
Nevada County Sanitation District No. 1	Director	
Nevada County Transit Services	Member	
Nevada County Transportation Commission	Member	
Northern Rural Training Employment Consortium	Alternate	Butte, Del Norte, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama & Trinity
Sierra Economic Development Corp.	Member	El Dorado, Sierra, Placer, & Nevada
Sierra Planning Organization	Member	El Dorado, Sierra, Placer, & Nevada
Sierra-Sac. Valley Emergency Medical JPA Governing Board	Alternate	Nevada, Placer, Sutter Yolo & Yuba
Solid & Hazardous Waste Commission	Member	

## SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
ED SCOFIELD

NAME OF SOURCE OF INCOME	
	NAME OF SOURCE OF INCOME
Carol Scofield	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
17051 Norlene Way, Grass Valley, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional and Motivational Training	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
choce medure bedelych	GROSS INCOME RECEIVED
GROSS INCOME RECEIVED \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
دست	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of (Property, car, boat, etc.)	Sale of (Property, car, bost, etc.)
( <i>Рторен</i> у, саг, возі, екс.)	(Property, car, boar, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other (Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	000
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
available to members of the public without regard to y	
not in a lender's regular course of business must be	
HOLER HICKORY LOGICE DONIES OF EMBRICARY CONTENT	
NAME OF LENDER!	disclosed as follows:
<del>-</del>	disclosed as follows:  INTEREST RATE TERM (Months/Years)
<del>-</del>	disclosed as follows:
NAME OF LENDER!	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER!  ADDRESS (Business Address Acceptable)	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER!	INTEREST RATE TERM (Months/Years)
NAME OF LENDER!  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)
NAME OF LENDER!  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)
NAME OF LENDER!  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	INTEREST RATE TERM (Months/Years)
NAME OF LENDER!  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)
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NAME OF LENDER!  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)
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